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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

FOREIGN PROFIT QUALIFICATION

PRIME LOGISTICS CONSULTING, INC.

Certificate of Status	0
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. **PRIME LOGISTICS CONSULTING, INC.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **Delaware**

(State or country under the law of which it is incorporated)
June 27, 1997

3. **11-3386580**

(FEI number, if applicable)

4. **(Date of incorporation)**5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **January 3, 2001**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

7. **777 S. Surf Road****Hollywood Beach, FL 33019**

(Current mailing address)

Corporate and commercial consulting

8. **(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)**

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Norman Greif**Office Address: 777 S. Surf Road****Hollywood Beach****Florida, 33019**

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NG.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)**

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64 White Street
NY, NY 10013

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

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Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

_____Director: Norman GreifAddress: 777 S. Surf RoadHollywood Beach, FL 33019

Director: _____

Address: _____

_____**B. OFFICERS** (Street address only - P.O. Box NOT acceptable)President: President and Secretary - Norman GreifAddress: 777 S. Surf RoadHollywood Beach, FL 33019

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to this application listing additional officers and/or directors.

13. N.G.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Norman Greif, President and Secretary

(Typed or printed name and capacity of person signing application)

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NY, NY 10013

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State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME LOGISTICS CONSULTING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME LOGISTICS CONSULTING, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1088754

010189115

DATE: 04-19-01